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Second stroke survival is a topic that many individuals are concerned about after experiencing a stroke. Worries about a second stroke can lead to increased anxiety for survivors due to the widespread secondary effects that can accompany stroke. The American Stroke Association reports that 1 in 4 survivors will experience a second stroke. While this paints a concerning picture, it is important to note that stroke survival rates continue to improve. If you're curious about second stroke survival, we hope this article will have some answers for you. Throughout the article, we will review risk factors, statistics on second stroke survival, and steps you can take to reduce your risk of recurrent stroke. Around 795,000 individuals are affected by stroke each year, according to the CDC. 185,000 of these are individuals who have experienced a previous stroke. Although we know that survival rates are continuously improving, these are still concerning statistics for many survivors. During the first 3 months of recovery, a survivors risk of a second stroke is15 times higher than the general population, according to Dr. Jodi Edwards. One year later, the risk is reduced, but survivors are still seven times more likely to experience a second stroke. This highlights the importance of following your doctors advice about managing your stroke risk factors (which we will discuss soon). While these first few months are the most unstable, a patients risk of a second stroke remains elevated for at least five years. This can cause survivors to experience significant post-stroke anxiety. Fortunately, by taking steps to improve your health, you can help reduce your risk of a second stroke. Even with the advancement of stroke treatment, second strokes are still a very serious matter. This is because strokes are often accompanied by a wide array of secondary effects that can greatly affect a survivors daily life. These secondary effects can include hemiplegia or hemiparesis, behavior changes, neuropathy, or difficulty walking after stroke. This is why practicing stroke prevention strategies is so critical. To reduce the likelihood of a second stroke, it may be helpful to review the factors that increase stroke risk. According to researchers, these risk factors and behaviors include: Chronic hypertension High cholesterol Insufficient physical activity Obesity Smoking Diabetes Excessive alcohol use A diet high in saturated fats, trans fats, and sodium Thankfully, many of these risk factors and behaviors can be improved to decrease your risk of a second stroke. Stroke prevention techniques should focus on addressing these problems before they become more serious. In the next section, we will review tips and techniques to decrease the risk of a second stroke for survivors. While the risk factors were reviewed above increase your risk of a second stroke, these risk factors are largely reversible. By creating new, healthy habits and making positive lifestyle changes, you can improve your health and decrease these risk factors. To help you get started, here are some effectiveness to reduce your chances of a second stroke: Tobacco contains over 7,000 harmful chemicals, including carbon monoxide. When you inhale cigarette smoke, carbon monoxide and nicotine enter your bloodstream. The carbon monoxide reduces the amount of oxygen in your blood, causing your heart to pump faster to compensate. This, in turn, raises your blood pressure, which increases your risk of a second stroke. The chemicals in cigarette smoke also make your blood platelets more likely to stick together, narrowing blood vessels and increasing thechances of a blood clot. In fact, individuals who smoke have a two- to fourfold greater risk of stroke than nonsmokers. These factors make smoking one of the most dangerous activities for stroke patients. Therefore, if you havent quit yet, now is the time. The risks are just not worth it. There are many resources available to help you quit smoking and decrease your risk of second stroke. Exercise is an incredible tool to improve your overall health and reduce the risk of a second stroke. The more active you are, the stronger your heart gets, which means it can pump with less effort. This puts less strain on your arteries and will lower your risk of a second stroke. The American Stroke Associations current guidelines highlight exercise recommendations for stroke survivors to reduce second stroke risk. The ASA encourages at least 10 minutes of moderate aerobic exercise four times per week or vigorous exercise for 20 minutes two times per week. Some examples of cardio activities you can do at your home or in your community include: Walks around your neighborhood Short bike rides (including stationary cycling) Swimming or water aerobics Group fitness classes Mobility impairments after a stroke can make cardio exercises difficult for many survivors. However, exercise is incredibly important, and every exercise matters for survivors to make improvements. Talk with your therapy team to create a rehab plan that is beneficial and accessible for you. Your physical and occupational therapists can prescribe rehab exercises for all ability levels to help you meet your goals. It is important to keep up with your daily rehab exercises and perform high repetitions to maximize neuroplasticity. As your motor skills improve, you can continue to progress your exercises. This will help you experience the maximum benefits and reduce your risk of a second stroke. Anxiety after strokes extremely common. Current statistics suggest that around 25% of survivors will experience anxiety in the first five years after stroke. However, living with long-term anxiety can raise your blood pressure and increase your risk of a second stroke. While anxiety, grief, and frustration can be common experiences for stroke survivors, it is important to take measures to navigate and manage these feelings. Some methods you can use to reduce post-stroke anxiety include: These methods can help reduce anxiety and decrease your risk of stroke. In addition to exercise and meditation, seeking professional help from a psychologist or other mental health care provider can help. Furthermore, if you continue to struggle with post-stroke anxiety, talk to your doctor about any anti-anxiety medications to address your symptoms. High blood pressure is one of the biggest and most controllable risk factors for stroke. Therefore, stroke patients should monitor blood pressure at home, which can be done using an over-the-counter blood pressure cuff. Keeping a log of your blood pressure will allow you and your doctor to track patterns in your vital signs. This can help your doctor decide if any modifications to your medications are needed. It is very important to take any medications your doctor has recommended. If you take blood pressure medication, be sure not to miss a dose, and always pick up your next months supply before your current bottle runs out. Skipping doses of blood pressure medication is very dangerous and can increase your likelihood of a second stroke. 5. Maintain a Healthy Diet Working toward eating a healthy diet is a powerful tool for the prevention of a second stroke. It is important to incorporate fresh fruits and vegetables into your meals for healthy vitamins, minerals, and fiber. Also, try to limit foods that are high in trans fats, saturated fats, and cholesterol. One well-studied example of a healthy diet for stroke prevention is the Mediterranean diet. The Mediterranean diet, which is generally low in cholesterol, has been shown to significantly reduce stroke risk in many studies. The main components of a Mediterranean diet include: Lots of fruits and vegetables Whole grains Olive oil and other healthy fats Fish and poultry Beans, lentils, and nuts Minimal sugar, butter, or sweets Red wine in moderation These are examples of foods that can boost stroke recovery and reduce the risk of a second stroke for survivors. Additionally, many of these foods help increase BDNF, or brain-derived neurotrophic factor. BDNF is an important protein that our bodies use to create new neural connections. This helps maximize neuroplasticity after stroke, which is how the brain heals and makes new movement pathways. In addition to positive changes for overall wellness, certain dietary changes can help lower your blood pressure. One easy change you can make is to reduce your salt intake. Consuming too much salt has been linked to stroke, so moderation is key. Be sure to read labels of canned and pre-packaged foods, as these often are very high in sodium. Many survivors experience sleep disturbances after stroke due to the disruption of their circadian rhythm and daily routine. In addition to post-stroke fatigue and excessive daytime sleepiness, sleep deprivation can increase the risk of a second stroke. It is estimated that around 50% of survivors are affected by a sleep disorder after stroke. This can contribute to impaired cognitive function and increases the likelihood that subsequent strokes will take place. To help improve sleep quality and reduce second stroke risk, take the initiative to create daily habits to improve your sleep quality. Some sleep management tips include following a consistent bedtime routine, creating a dark and relaxing sleep environment, and limiting caffeine before bed. 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These new habits can help you improve your quality of life and make your recovery a success. To learn more about stroke survival rates and statistics, check out these stroke survival statistics that every survivor should know.

Strokes are a life-threatening medical emergency that occurs when there is an interruption in the blood supply to the brain. They are the second leading cause of death worldwide and the fifth in the United States. The chances of a second stroke are much higher after the first, and the risk of permanent brain damage or death increases with the delay of treatment. The steps you can take to reduce your risk of a second stroke include: Chronic hypertension Insufficient physical activity Obesity Smoking Diabetes Excessive alcohol use A diet high in saturated fats, trans fats, and sodium SmokingAnxietyStrategies to Reduce the Risk of a Second StrokeThe good news is that many of these risk factors can be addressed through lifestyle changes and healthy habits, such as:Quitting smoking: Smoking increases the risk of a second stroke due to the harmful chemicals in cigarettes that affect blood vessels in the brain and heart.Engaging in cardiovascular exercise: Regular exercise strengthens the heart, reducing the strain on arteries and lowering the risk of a second stroke.Engaging in regular cardiovascular exercise, maintaining a healthy diet rich in fruits and vegetables, and monitoring and controlling blood pressure. It is important to seek medical advice and follow the treatment plan provided by healthcare professionals. This may include rehabilitation therapies such as speech therapy, physical therapy, and cognitive therapy. Support groups and community resources are also available for both survivors and caregivers. In this video, Jim talks about his experience with a stroke and proves that life does go on. Second stroke survival is a topic that many individuals are concerned about after experiencing a stroke. Worries about a second stroke can lead to increased anxiety for survivors due to the widespread secondary effects that can accompany stroke. The American Stroke Association reports that 1 in 4 survivors will experience a second stroke. While this paints a concerning picture, it is important to note that stroke survival rates continue to improve. If you're curious about second stroke survival, we hope this article will have some answers for you. 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According to researchers, these risk factors and behaviors include: Chronic hypertension High cholesterol Insufficient physical activity Obesity Smoking Diabetes Excessive alcohol use A diet high in saturated fats, trans fats, and sodium Thankfully, many of these risk factors and behaviors can be improved to decrease your risk of a second stroke. Stroke prevention techniques should focus on addressing these problems before they become more serious. In the next section, we will review tips and techniques to decrease the risk of a second stroke for survivors. While the risk factors were reviewed above increase your risk of a second stroke, these risk factors are largely reversible. By creating new, healthy habits and making positive lifestyle changes, you can improve your health and decrease these risk factors. To help you get started, here are some effectiveness to reduce your chances of a second stroke: Tobacco contains over 7,000 harmful chemicals, including carbon monoxide. 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The main components of a Mediterranean diet include: Lots of fruits and vegetables Whole grains Olive oil and other healthy fats Fish and poultry Beans, lentils, and nuts Minimal sugar, butter, or sweets Red wine in moderation These are examples of foods that can boost stroke recovery and reduce the risk of a second stroke for survivors. Additionally, many of these foods help increase BDNF, or brain-derived neurotrophic factor. BDNF is an important protein that our bodies use to create new neural connections. This helps maximize neuroplasticity after stroke, which is how the brain heals and makes new movement pathways. In addition to positive changes for overall wellness, certain dietary changes can help lower your blood pressure. One easy change you can make is to reduce your salt intake. Consuming too much salt has been linked to stroke, so moderation is key. Be sure to read labels of canned and pre-packaged foods, as these often are very high in sodium. 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Stroke recovery stages vary for each person.Healing after a strokecan be a challenging and emotional process, and it is different for everyone. A stroke can affect a person's MovementCoordinationVisionSpeechSwallowingThinking abilitiesEmotional processingThe location, extent of the lesion or tissue involvement, time before treatment, and other factors all affect the outlook for recovery. However, experts have identified a general pattern of motor recovery from stroke. This article discusses theBrunnstromstages of stroke recovery and what you can expect fromrehabilitationafter a stroke. Kong Ding Chek / Getty ImagesThe Brunnstrom stages of stroke recovery include seven common steps in motor (movement) recovery from stroke. The stages are:1. Flaccidity2. Spasticity3. Equilibrium4. Independence5. Manipulative6. Functional7. NormalizationThe Brunnstrom stages of stroke recovery are a continuum of motor recovery that progress from flaccidity to normal function. Each stage has specific characteristics and goals. The stages are:1. Flaccidity: The first stage of stroke recovery is flaccidity. It occurs immediately after a stroke. Post-stroke, muscles will be weak, limp, or even "floppy." A stroke often affects one side more than the other, so legidity can be limited to just one side. Many people have more severe symptoms in their upper limbs or hands than they do in their lower limbs. Flaccidity happens when there is damage in the brain from a stroke. The brain can no longer send messages to certain areas of the body to move. The danger of flaccidity is that if it lasts too long, you can lose significant muscle mass and strength. Some exercises to do during this stage of stroke recovery include:Range of motion exercisesPositioning (can help prevent sores, joint restrictions, swelling, and dislocation)Sensory reeducationHand-over-hand assists duringactivities of daily living(such as brushing your hair or teeth). These techniques help "remind" your brain of your affected side and begin restoring connections throughneuroplasticitythe brain's ability to reorganize and build new neuron connections. The second stage of stroke recovery is spasticity. It is characterized by the appearance of muscle stiffness and rigidity (spasticity). At rest, your limbs may stay contracted (usually in the elbow and wrist bent), or they may jerk or tremor when you try to move them. You may have some voluntary movement back to this point, but not much. Spasticity happens as the brain starts to rebuild connections with the muscles. In a way, spasticity is sort of a positive thing. However, the connection is incomplete at this stage of stroke recovery, which is why the muscles can get "stuck" in contracted positions or not move in the way you want them to. Spasticity can make it harder to move your affected limbs during this stage, but it's very important to continue moving as much as you can to prevent learned non-use and give yourself the best chance of recovery.At this stage of stroke recovery, you will likely continue with passive range of motion exercises and active-assisted range of motion exercises (you will try to move as much as you can, and your therapist will physically assist you with the rest).Spasticity exercises may also include:Sensory reeducationHand-over-hand assistance with functional activitiesMirror therapyIn the third stage of stroke recovery, spasticity increases. This can be frustrating and you may feel that you are getting worse and not moving forward in your stroke recovery. Try to remember that the increase in spasticity is actually positive, even if it doesn't feel like it. Your brain is still working to rebuild connections with your muscles. During this stage of stroke recovery, you will continue with and progress in your therapeutic exercises. You will likely focus on performing as much active movement as you can, although this will be challenging. Your provider may prescribe Botox injections to help reduce spasticity, which will help you maximize your movement during therapy.Some helpful exercises in this stage of stroke recovery include:Mirror therapy has been shown to help return active movement to the affected side.You may use splints ororthotics(such as a resting hand splint) to help prevent contractures.Your occupational therapist may also recommend assistive devices, such as a universal cuff for holding a toothbrush or fork, to keep you engaged in functional activities as much as possible during this stage. In the fourth stage, spasticity starts to decrease. This is a big milestone in the stroke recovery process. As spasticity decreases, you will notice improved voluntary movement patterns, but your movements will still feel jerky, twitchy, and uncoordinated. With the remaining spasticity, you may still have trouble releasing objects. For example, you might be able to grasp a fork but unable to let go of it. You will likely still be very weak from the lack of voluntary movement in the first three recovery stages of stroke recovery.Interventions in the fourth stage of stroke will make the most of your returning voluntary movement.You will likely focus on active-assisted and active range of motion exercises (where you will move on your own, as much as you can), as well as introduce strengthening exercises.You will also focus on retraining functional movement patterns, for example practicing dressing, bathing, tabletop games or activities, and more with assistance.Constraint-induced movement therapy can be introduced at this point, which involves constraining your unaffected side and forcing you to perform exercises or functional activities with your affected side as much as possible. In the fifth stage of stroke recovery, you will time to start coordinating complex movement combinations. This can include actions like grasping a spoon, loading it with food, bringing it to your mouth, and releasing it. With improved voluntary movement and coordination, you will become more independent in doing the things you want and need to do.You will continue to start and progress your exercises at this point, perhaps increasing repetitions and resistance during strength training, or focusing more on bringing fine motor skills back to the table. You will be encouraged to continue using your affected side as much as possible during functional activities and reduce the assistance from your therapist or caregivers. In the sixth stage, the spasticity is all but gone. With fewer spastic movements, you will have much better coordination for doing complex movement patterns. At this stage of stroke recovery, focus on practicing and refining your coordination and fine motor skills. You may start working on retaining more complex and challenging functional activities, such as meal prep, cooking, hobbies, and more. In the seventh and final stage of stroke recovery, your normal function returns. You can now perform complex, coordinated, synergistic movement patterns in your affected side just as well as your unaffected side. This is the big goal for patients, not everyone will reach this stage after having a stroke. According to Signe Brunstrom's original writing in 1966, only a small number of patients got to this advanced recovery stage.Even if you never get to the seventh stage of motor recovery after a stroke, there are still many therapies, assistive devices, and techniques that can help you live a full life. Spontaneous recovery, or rapid improvement in symptoms, is possibleespecially in the early stages of stroke recovery. For some people, spontaneous recovery might be a full recovery. In other people, it means jumping ahead a stage or two in the stroke recovery process. After a stroke, your body tries to clean up the damage in your brain from a bleed or blockage (depending on what type of stroke you had). It also needs to reorganize and rebuild neuronal connections that were destroyed. These neurons connect different areas of the brain and send messages from your brain to your body.This rebuilding process is called neuroplasticity. In the early stages of stroke recovery, neuroplasticity can work fast. When many new connections have been built, your stroke recovery may seem spontaneous.Spontaneous recovery is most likely to occur in the first three to six months post-stroke. This is the time when your brain is most "plastic" and intensive therapy is most important.It was previously thought that a person reached their maximum potential in recovery at six months post-stroke, but that belief was disproven.A landmark 2019 study found that neuroplasticity and recovery are possible even years after a stroke. There are many factors that can affect the outcome of your stroke and the course of your recovery, including: Location of stroke in the brainThe degree of damage to the brainOther medical conditions you haveHow soon rehabilitation starts after a strokeThe intensity and frequency of therapyCompliance with therapeutic exercises and home exercise programsSupportiveness of family, friends, and caregiversAge at the time of strokeSafety of home environmentCognitive abilitiesInsurance coverage and ability to financially cover rehabilitation, therapy, and any recommended assistive devices, orthotics, or home modifications Strokes are also not necessarily isolated events. Each year, 25% of strokes are recurrent. You can lower your risk of future strokes by addressing the risk factors you have,for example, treating uncontrolled high blood pressure,atrial fibrillation,heart disease,high cholesterol, and diabetes. In the United States, stroke is the number one cause of adult disability. Each year, about 795,000 people in the United States will have a stroke.About two-thirds of people who have a stroke will survive and require rehabilitation. In the U.S., there are around 7 million stroke survivors. Stroke treatments different for each person because everyone (and every stroke) is different. However, most people will work with a rehabilitation team that includes a physical therapist, occupational therapist, andspeech therapist. Therapy usually needs to start within 24 hours of a stroke because early and high-intensity therapy is associated with the best recovery outcomes. Stroke treatment also involves medical care. Immediately after a stroke, you might be treated in the hospital withtissue plasminogen activator(TPA), or surgical procedures. Neurologist and other healthcare providers will work with you throughout your recovery to adjust your medications and talk to you about treatment options. Stroke treatment takes place in a variety of settings, often starting in a hospital emergency department. After the initial stroke is treated and you are medically stable, you might get transferred to an inpatient rehabilitation unit at the hospital, or a skilled nursing facility, to receive intensive daily therapy. Based on recommendations from the American Heart Association and American Stroke Association, patients qualify for acute rehab based on their outcomes. When you are ready, you may go home and continue therapy with home care or in an outpatient therapy clinic.To identify a stroke, remember the acronym FAST:Facial droopingArm weaknessSpeech difficultiesTime to call emergency servicesCall 911 immediately if you think you or someone else is having a

improvements are usually seen within the first three to six months after a stroke, but recent research has shown that stroke survivors can continue to improve and benefit from therapy even years after a stroke. About 10% of people will fully recover from their stroke and get back to the level of function they had before. Another 25% recover with only minor impairments after a stroke. Assuming you are medically stable, therapy should begin within 24 hours of a stroke. Many people see improvements as early as just a few days after their stroke. Some improvements, like spasticity, may make it feel like you are getting worse, but this is actually a sign that your brain is making new connections. Over four million Americans have survived a stroke and are living with its effects. Recovery from stroke is a long and challenging process, for patients and their families. The after effects can vary widely, depending on the following: Severity of the stroke Area of the brain affected Speed of emergency medical response Stroke patient's health Recovery time and success Recovery from stroke may take weeks, months or even years. Some patients may have lifelong disabilities, while others may recover completely. For all patients, your stroke recovery process involves making changes in the physical, social and emotional aspects of your life. These lifestyle changes can help to prevent additional strokes and facilitate lifelong recovery. Recovery facts Statistics show that following stroke: 10 percent of patients recover almost completely 25 percent of patients recover with only minor impairments 40 percent of patients experience moderate-to-severe impairments that require special care 10 percent of patients require long-term care 15 percent of patients die shortly after Stroke prevention Stroke prevention is particularly important for stroke survivors. As many as 5 to 14 percent of stroke survivors have a second stroke within one year. And this risk goes up over time. This makes active lifestyle changes more important for survivors of stroke or for anyone who has had a transient ischemic attack (TIA). If you or someone you love is living with the after effects of a stroke, know that the leading-edge care and rehabilitation you need is close by at Northwestern Medicine. We're home to highly-trained physicians, nurses and therapists specializing in stroke, along with the latest technology, and advanced research and clinical trials.

**If you have a stroke can you get another one. Can you recover from 2 strokes. What happens after a second stroke. Can you survive a second stroke. Can you fully recover from a second stroke. Chances of recovering from a second stroke. Can you recover from a stroke.**